Address

Division of Industry Services SOIL EVALUATION REPORT Page _____ of ___ in accordance with SPS 383, Wis. Adm. Code County Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and Parcel I.D. percent slope, scale or dimensions, north arrow, and location and distance to nearest road. Reviewed by Please print all information. Date Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)). Property Owner Property Location Govt. Lot 1/4 S Property Owner's Mailing Address Lot# Subd. Name or CSM# Block # State Zip Code Phone Number Village City Town Nearest Road) New Construction Use: Residential / Number of bedrooms _____ Code derived design flow rate ____ GPD Replacement Public or commercial - Describe: _____ Flood Plain elevation if applicable _____ Parent material General comments and recommendations: Boring Boring # Ground surface elev. Depth to limiting factor ____ Pit Soil Application Rate Horizon Depth Dominant Color Redox Description Texture Structure Consistence | Boundary Roots GPD/ff Munsell Qu. Sz. Cont. Color in. Gr. Sz. Sh. *Eff#1 *Eff#2 Boring Boring # Ground surface elev. __ Depth to limiting factor _ in. Soil Application Rate Horizon Depth Dominant Color Redox Description Texture Structure Consistence Boundary GPD/ff Qu. Sz. Cont. Color Munsell Gr. Sz. Sh. *Eff#1 *Eff#2 * Effluent #1 = BOD_s > $30 \le 220$ mg/L and TSS > $30 \le 150$ mg/L * Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L CST Name (Please Print) Signature **CST Number**

Date Evaluation Conducted

Telephone Number

Property	Owner			Parcel ID#_				Page	of _	
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^{*} Effluent #1 = BOD $_{\rm s}$ > 30 \leq 220 mg/L and TSS >30 \leq 150 mg/L

^{*} Effluent #2 = $\mathrm{BOD_s} \leq 30~\mathrm{mg/L}$ and TSS $\leq 30~\mathrm{mg/L}$